

University City Board of Education



Martin Luther King, Jr. Spirit Award NOMINATION

The University City Board of Education is seeking nominations for School District of University City's annual Martin Luther King Jr. Spirit Award, an award designed to honor individuals and groups, living or deceased, who work or have worked toward racial unity and justice.

The nomination should include any living nominee's name, address, and telephone number as well as how the nominee has worked or is working toward racial unity and/or justice. All nominees have to be or have been a resident of University City. Nominations will be reviewed by three members of the Board of Education.

Please complete and return this form along with any additional information to the Martin Luther King Jr. Spirit Award Committee, c/o University City Board of Education, McNair Administration Building, 8136 Groby Road, University City, MO 63130, by 4:30 p.m. the first Friday in December.

SCHOOL DISTRICT of UNIVERSITY CITY

MLK Spirit Award Nomination

Date of Nomination _____

Name of Nominee: _____ Deceased
(Last) (First) (Middle Initial)

Last Known or Current Address: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Affiliation with district/community: _____

Educational background: _____

Positions: Current _____ Previous _____

Involvements with racial unity and justice:

Honors and Awards: _____

Major Achievements: _____

Membership/Office in Community/Public Service Organizations: _____

Hobbies and Special Interests: _____

Rules: All nominees (living or deceased) have to be or have been residents of University City, Missouri, and be working or have worked towards racial unity and justice.

Additional Information: Attach additional information, news clippings, copies of certificates, etc. Attach any information that would assist the committee in determining the level of the nominee's contribution toward racial unity and justice.

Please attach a photo of the nominee. If a photo is not available, please provide information on how one could be obtained.

We would like to know a little about you, the nominator, as well. Please complete the following information:

Nominator's Name: _____

Address: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Relationship to the nominee: _____